

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20609**

FILED JUN 21 1957

BIRTH NO. _____		REG. DIST. NO. <u>102</u>		PRIMARY REG. DIST. NO. <u>4174</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARDWELL</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>CARDWELL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS <u>0350</u> (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY C. LAYBORN</u>		b. (Middle) <u>VEARGAIN</u>		c. (Last) <u>VEARGAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14, 1957</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9/22/1898</u>	
9. AGE (in years last birthday) <u>58</u>		10. MONTHS <u>7</u> DAYS <u>27</u> HOURS <u></u> MIN. <u></u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>GREENE CO. ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. GROCERYMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRO. RETAIL</u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>GREENE CO. ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>BOYD VEARGAIN</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA ANN VALENTINE</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL VEARGAIN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>W. W. I.</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>ETHEL VEARGAIN</u> ADDRESS <u>CARDWELL, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>14 June, 1957</u> , to <u>14 June, 1957</u> , that I last saw the deceased alive on <u>dead on arrival</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. R. Swyford</u> (Degree of title)		23b. ADDRESS <u>Mrs. Cardwell, Mo.</u>		23c. DATE SIGNED <u>15 June</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-16-1957</u>		24c. NAME OF CEMETERY OR CREMATOR <u>CARDWELL</u>		24d. LOCATION (City, town, or county) (State) <u>CARDWELL MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-17-57</u>		REGISTRAR'S SIGNATURE <u>Edna Calhoun</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEATH FUNERAL Home, P. H. Agould,</u> ADDRESS <u>ARK</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

539  
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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 6-18-53  
COUNTY FILE NUMBER 657

SEP 17 1953

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Verlyn L. Thaxt*

Licensed Embalmer No. 543

P. O. Address *Paragood, La.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.